

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33237

FILED OCT 28 1949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 S. Fountain</u>		d. STREET ADDRESS (If rural, give location) <u>209 S. Fountain</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>	b. (Middle) <u>L.</u>	c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 24, 1907</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Belzoni, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Abe White</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brown</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Geraldine Young Love</u> ADDRESS <u>209 S. Fountain, Cape Girardeau, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease, chronic with mitral and aortic valvular disease.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>20+ years</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 1, 1948, to Oct 12, 1949, that I last saw the deceased alive on October 12, 1949, and that death occurred at 4:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Crowl D. M.D.</u> (Degree or title)	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>10/15/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-16-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. D. Sparks</u> ADDRESS <u>Cape Girardeau, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

REIVED 10-24-49

Sanitary Health Officer No. 4

Case File Number 1049-13

Date 10-24-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Signed Frank Sparks

Signed
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Quincy, Georgia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.